The Physical Health Consequences of Human Trafficking

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Learning Objectives

Participants should be able to:

• Describe health risks and physical health consequences of trafficking in persons (TIP)
• Take practical measures to address health problems of trafficked persons
• Discuss the public health impact of trafficking in persons
Healthcare’s Specific Role

• The “frontline” of TIP is everywhere
  – Healthcare providers play an important role in identifying and helping trafficked persons
  – Healthcare is one of very few arenas that interact with trafficked persons (others: law enforcement, social work)
Healthcare’s Specific Role

• Healthcare workers need to:
  – understand clues for identification of trafficked persons
  – develop protocols for addressing health consequences and the after care process
  – Understand and utilize trauma informed care throughout the health interactions
The Gap in Healthcare and TIP

• Current paucity of healthcare involvement and research addressing health needs of trafficked persons globally
  – Lack of recognition by healthcare and counter-trafficking communities that TIP is a healthcare issue
  – The difficulties and complexities of doing health research (duration, cost, lack of professionals, access to victims)
The Gap in Healthcare and TIP

- Not issue of lack of professionals wanting to get involved, but lack of organized and funded efforts
- Complex social and legal situation; issues of autonomy; what and where healthcare may take place; cross-disciplinary cooperation often complicated (differing objectives)
- Providing healthcare is difficult for many relief organizations because of cost, need for long-term commitment, and lack of locally available quality care
Importance of Healthcare in TIP

• Recognize trafficking as a health issue
  – Trafficking harms women in insidious ways, creating “messy” health problems
  – The physical and mental health consequences are a central theme of trafficking, **not** a side effect
  – Timely healthcare is central to restoring the well-being of the trafficking survivor
Importance of Healthcare in TIP³

- International Organization for Migration: “Caring For Trafficked Persons” is a comprehensive guide for health professionals which recognizes the dearth of data regarding healthcare and human trafficking³
Caring for TIP Victims

• Involves **much** more than clinical care:
  – Understanding the unique concerns, issues and health problems of survivors
  – Service by caring for survivors
  – Prevention by addressing risk factors involving health
  – Identification of victims in the healthcare setting
  – Advocacy for individuals as well as the trafficked in general
Difficulties in Providing Healthcare

- Lack of proper specialists: e.g. forensics, mental health, well-trained interpreters
- Lack of access of health services by trafficked people due to restricted mobility or no knowledge of how to access services
- Long-term healing, chronic care and follow up necessary, but difficult due to reasons stated above
Foundational Goals

• Care for trafficked people is:
  – Adapted to the individual’s needs
  – Supportive and avoids judgmental statements or actions
  – Integrated care, giving attention to the mind, body and spirit, treating the trafficked person as a whole person, not just a list of clinical symptoms
  – Empowering, ensuring that the patient’s rights to information, privacy, bodily integrity and participation in decision-making are respected
  – Supportive of healing and recovery through a patient-centered treatment plan
Trauma-Informed Care

• Treating the whole person, mind, body and spirit for someone who has suffered complex trauma, or “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts”4
• Takes a non-judgmental, caring approach
• Incorporates cultural, gender and age-appropriate care
Trauma-Informed Care

- Applied over the course of care and involves providing a safe environment in which the survivor can begin to learn to affect control (empowerment) and feel safe.
- Not the same thing as applying a specific therapy to address issues of trauma as often used in psychological services.
Trauma-Informed Care

• Survivors are often reluctant to see healthcare professionals.
• They are fearful of:
  – Hospitals
  – Examinations
  – Exposing their bodies to more strangers.
    • This problem is compounded when the healthcare staff are not gentle
Trauma-Informed Care

• How to Address the Problem
  – Advocate for your patient before law enforcement and other interested parties to protect against re-victimization
  – Utilize caring interview techniques in creating a safe place for the patient
  – Understand that a patient’s vague, inconsistent or belligerent answers may reflect their reaction to trauma and they aren’t intentionally being difficult
Trauma-Informed Care

• Example
  – “...women who have been trafficked often prioritize their sexual and reproductive health needs, and that women’s physical and psychological well-being can be positively affected by addressing these needs.”
  \(^5\)
Trauma-Informed Care

• What is often most important to the woman is not necessarily what is foremost in the minds of health practitioners.
  – Life-threatening problems aside, make sure to reassure the patient about her reproductive health.
  – Address the problems as clearly as possible.
  – Many are concerned they won’t be able to have a normal reproductive life in the future. You may not be able to promise this, but at least address the issue.
Principles for Interviewing Trafficked People

• Get informed consent for all interviews, exams and tests

• Survivors often don’t feel safe: ensure safety and repeatedly reinforce the safety of the patient at all times
Principles for Interviewing Trafficked People

- Separate the patient from the escort/interpreter - no matter who they claim to be – for the interview
  - Schedule an x-ray or other exam where chaperones aren’t permitted
- Use culturally appropriate methods
  - Women interviewing and examining other women
Principles for Interviewing Trafficked People

- Adequately select and prepare interpreters and co-workers
- Questions should be oriented to the history and physical; questions to satisfy your curiosity should be withheld
- Ensure anonymity and confidentiality
Principles for Interviewing Trafficked People

• Try to avoid people in police uniform for interviewing

• Listen to and respect each person’s assessment of the situation and risks to his/her safety

• Do not put the patient or yourself in danger
Principles for Interviewing Trafficked People

• Prepare referral information and do not make promises you cannot fulfill

• Be prepared for emergency intervention

• Take care not to re-traumatize the patient
Health Risks of TIP

• Few data documents the specific health problems or the disease burden globally

• Based on reported findings, we can identify the following risks:
  – Baseline (prior to being trafficked) poor health conditions and/or underlying diseases
  – Crowded and unsanitary living conditions
  – Poor nutrition
Health Risks of TIP

• Continued risks:
  – Social/cultural isolation and restriction
  – Lack of access to health professionals for preventative services or treatment of illness
  – Growth and development problems in children

• All factors contribute to the complexity of presentations and management due to these compounding co-morbidities
The most common physical health symptoms reported by women at 0-14 days post rescue in Europe

- 81% headaches
- 71% dizzy spells
- 60-70% various sexual health problems
- 63% memory problems
- 69% back pain
- 82% fatigue

*these are self-reported findings, NOT clinical diagnoses
## PHYSICAL HEALTH PROBLEMS

self reported in US study\textsuperscript{11}

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any health problems</td>
<td>99.1% (n = 102-106)</td>
</tr>
<tr>
<td>Neurological</td>
<td>91.7%</td>
</tr>
<tr>
<td>General Health</td>
<td>86.0%</td>
</tr>
<tr>
<td>Cardiovascular/Respiratory</td>
<td>69.2%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>62.0%</td>
</tr>
<tr>
<td>Dental</td>
<td>54.3%</td>
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</tbody>
</table>
Urgent Healthcare Needs

- These needs may be present at time of survivor’s escape or rescue
- Needs are dependent on the survivor’s most recent environment and time since leaving exploitative situation
Urgent Healthcare Needs

• Common Urgent Problems
  – Malnutrition
  – Dehydration
  – Chemical exposures
  – Traumatic injuries
  – Respiratory problems
Urgent Healthcare Needs

• Common Urgent Problems
  – Infections of skin
  – Gastrointestinal system
  – Lung
  – Reproductive tract
  – Withdrawal from addictive substances
Urgent Healthcare Needs

• Assess mental health status for acute and/or violent manifestation
  – Anxiety
  – Post-traumatic stress disorder
  – Hostility
  – Depression
  – Suicidal ideation
Health Risk Categories

1. Infectious
2. Non-infectious
3. Reproductive Health
4. Mental Health
5. Substance Abuse
6. Violence

Chest x-ray of tuberculosis
1. Infectious Disease

• Common diseases
  – HIV/
  – Other sexually transmitted infections
  – Hepatitis
  – Community acquired pneumonia
1. Infectious Disease

- Common diseases
  - Tuberculosis
  - Skin infections such as scabies, lice, bacterial and fungal
  - Parasitism such as malaria, other blood-born and gastrointestinal infections
1. Infectious Disease

- Patients may import infections from home area to host work location, so country of origin may be a clue
  - Malaria, typhoid, other parasites, etc.

- Don’t forget vaccinations and other medical prophylaxis
Various Skin Manifestations

1. 
2. 
4. 
3.

Answers on next slide
Various Skin Manifestations

1. Gumma, tertiary syphilis
2. Jaundice and icterus
3. Secondary syphilis
4. Scabies
Sexually Transmitted Infections

• These are serious consequences of sexual abuse
  – Can be severe and life-threatening
  – Can cause pelvic inflammatory disease, infertility, ectopic pregnancy, adverse pregnancy outcomes and congenital infections
  – Can be chronic and may present in advanced, unusual or disseminated forms
Sexually Transmitted Infections

- Most are treatable, some are curable, but some infections may have become resistant to cure due to many inadequate courses of treatment.
- Males tend to present with symptoms while females can remain asymptomatic.
- Due to the high prevalence of sexual violence, those trafficked for labor other than sexual exploitation are also at risk for STIs.
Sexually Transmitted Infections

“In developing countries, STIs and their complications are among the top five disease categories for which adults seek health care. In women of childbearing age, STDs (excluding HIV) are second only to maternal factors as causes of disease, death and healthy life lost”. – WHO⁸
Sexually Transmitted Infections

- It is important to consider all forms of STIs, even if not commonly seen in a general practice
  - Human immunodeficiency virus
  - Hepatitis B virus
  - Human papilloma virus
  - Herpes simplex 1 & 2
  - N. gonorrhoea
Sexually Transmitted Infections

• It is important to consider all forms of STIs, even if not commonly seen in a general practice
  – Chlamydia (C. trachomatis)
  – Syphilis (T. pallidum)
  – Chancroid (H. ducreyi)
  – Trichomoniasis
  – Granuloma inguinale (K. granulomatis)
  – Lymphogranuloma venereum (C. trachomatis)
Sexually Transmitted Infections

Disseminated Chlamydia
(formerly known as Reiter’s Syndrome)
Sexually Transmitted Infections

Primary Syphilis
Sexually Transmitted Infections

Secondary Syphilis
Sexually Transmitted Infections

• Contributing Factors
  – Age (due to physiological factors, adolescent victims are more likely to become infected than older women)
  – Length of time prostituted
  – Number of sexual partners
  – Sexual trauma
  – Lack of access to preventive care/treatment
  – Douching
  – Condom use
Remember the risk of STI’s to their children

congenital syphilis
2. Non-Infectious Disease

• This category includes urgent, non-urgent and chronic problems
  – Malnutrition
  – Poor dental or oral health
  – Anemia, fatigue, headaches, body aches, gastrointestinal problems, etc.
  – Occupational hazards and injuries from unsafe working conditions
2. Non-Infectious Disease

• This category includes urgent, non-urgent and chronic problems
  – Insomnia and sensory deficits
  – Acute trauma or sequelae of trauma such as cuts, burns and other musculoskeletal problems
  – Effects of substance abuse
  – Other chronic active health problems may exist (e.g. asthma, diabetes)
3. Reproductive Health

- This is an extremely sensitive and intimate issue to both men and women
- Adolescents have higher risks in the long-term
- Poor underlying health, untreated infections, HIV, lack of access to care all contribute to high risk pregnancies
3. Reproductive Health

- Often lack access to condoms or contraception
- Young women may not understand normal anatomy and physiology (reproduction or other)
- Infertility risk due to untreated infections
Pregnancy

- Pregnancy is often a risk factor for being abused
- May be high-risk pregnancies due to co-morbidities
Pregnancy

• May have increased maternal morbidity/mortality and poor birth outcomes due to:
  – Birth defects and miscarriages
  – Substance abuse
  – Infectious diseases
  – Depression and other mental health problems
  – Under nutrition
  – Lack of access to prenatal or obstetric care
Abortion

- Depending on location, may be primary source of contraception
- May be performed without proper sterility or trained personnel
Abortion Sequelae

- Infection and trauma
  May lead to:
  - Prematurity
  - Incompetent cervix
  - Placenta previa
  - Ectopic pregnancy
  - Infertility
  - Chronic pelvic pain
4. Mental Health Problems

• This may be the most important contributor to morbidity of trafficked people

• Example Problems
  – Post-traumatic stress disorder
  – Neuroses and Psychoses
  – Mood disorders (anxiety, depression)
  – Somatization
  – Eating disorders
4. Mental Health Problems

- 41.5% have attempted suicide
5. Substance Abuse

- Substances are often used to self-anesthetize or the victim may be forced by the trafficker to take drugs
  - Tobacco, alcohol, inhalants, opiates, etc.
  - Consider the use of other cultural and local substances
- Withdrawal may be a medical emergency
5. Substance Abuse

• Children may have secondary exposure if living with a trafficked parent or they may be given drugs for sedation by caregiver or trafficker

• Short and long-term consequences
  – Damage to liver, kidney and brain
  – HIV, HBV and HCV
  – Maternal child health
  – Overdose
6. Violence

• Forms of violence
  – Sexual
  – Physical
  – Verbal
  – Emotional
  – Systemic (legal, cultural, societal)
6. Violence

• Violence is perpetrated by many sources
  – Clients
  – Pimps
  – Police
  – Legal system (such as poor physical/legal protection after rescue)
6. Violence

• Examples of violence
  – Assaults
  – Beating
  – Rough sex
  – Discrimination
  – Re-traumatization by those trying to help

• Head and dental injuries are a common sign of violence

• Murder of a trafficked person is the ultimate violence, but difficult to investigate
6. Violence

• Another common consequence of violence is Traumatic Brain Injury.
Signs of Physical Abuse

• Fractured bones (may be differing stages of healing)
• Dislocated joints
• Dental injuries, perforated tympanic membrane
• Cuts, bruises, punctures, burns (may be differing stages of healing)
• Genital/rectal trauma
Signs of Physical Abuse

• Evidence of traumatic brain injury
• Note that many sex-trafficked people may not have obvious injuries, as many injuries may be hidden beneath clothes.
Child Health Issues

• Children often suffer a cumulative impact of the underlying health problems and health behavior of their mothers, compounding the children’s own health issues

• Due to their small size and lack of personal agency, children are particularly sensitive to toxic environments
Child Health Issues

• Children often manifest neurological, psychological, developmental, cognitive and behavioral disorders

• Healthcare professionals must address a child’s developmental (cognitive, physical, emotional) issues: pre/post-natal through adolescence - all developmental stages are affected by trauma
Child Health Issues

- Children of trafficked women often threatened/harmed to control the caregiver (usually the mother)
- Suffer anxiety, secondary PTSD from seeing abuse of caregivers.
- Physical and sexual trauma
- Malnourished
- Lack of immunizations and other preventive care
The Survivor Perspective

• Voices from Southeast Asia
  – Afraid of exposing his/her body to more strangers
  – Often have to endure multiple interviews and exams at various stages of care or for forensic purposes
  – Health professionals are not aware of psychosomatic illnesses and focus only on the body, allowing treatment to fall short of need
The Survivor Perspective

• Voices from Southeast Asia
  – Past traumatic experiences in a healthcare facility create fear of returning for exams/testing
  – Health professionals refuse to allow support staff to be present with survivor during exams
Summary of Care

• All testing should be voluntary – do not subject patients to unwanted exams
• There is a high co-morbidity of health consequences
• Mental/emotional health issues are major contributors to health problems
Summary of Care

• Caring for survivors is a multi-stage and multi-disciplinary process

• Maintain confidentiality across disciplines in data collection and reporting

• Be prepared: have trainings on identification, what to do if you suspect, interpreters, etc.
Public Health and TIP

• “The business of public health is to take what is accepted and make it unacceptable.” – Bill Foege, former director of the CDC

• As with other global public health issues, social and cultural factors contribute to the problem as well as the solutions (HIV/AIDS, female genital mutilation, under-nutrition)
Public Health and TIP

• Estimating the number affected is important in public health, but problematic in trafficking situations
  – Trafficked people and survivors are hidden
  – Different countries have different definitions
  – Need to not make best guesses based on “similar” populations
Public Health, Research and TIP

• “NO DATA, NO PROBLEM” (If you have no data to prove a problem then you have no problem to address)
• Few data documents the nature of the health risks or the disease burden globally
• Needed to identify the traffickers, root causes and triggering events
Public Health, Research and TIP

- Evidence informs interventions and programs (evidence-based medicine)
- Research can drive policies and generate funding
- Knowing the situation of your community will inform you how to make appropriate contextual interventions
- Information gathered over time gives insight to trends
Health, Prevention and Research

- We must understand what factors puts victims at risk
  - Social
  - Cultural
  - Economic
  - Immigration status
  - Language barriers
Health, Prevention and Research

• Identify at-risk populations so prevention messages can be developed and targeted;
• Identify methods and routes used by traffickers
• Safe, acceptable, reliable protocols for interviewing and forensic data collection are lacking
• Long-term studies with follow up for evaluation and monitoring
Barriers to Data Collection

• Access to survivors is limited and can be difficult to gain trust for honest responses
• Lack of understanding regarding research may affect organizations’ willingness to cooperate in a study
• Uniform data collection not used; study methods may be substandard
• Failure among organizations to see mutual goals, unwilling to collaborate or share information
Barriers to Data Collection

- Counter-trafficking organizations are not trained or funded to collect data and may not know how to use the information
- Lack of funding for research or grant process is prohibitively complex and daunting
- Location for study is not conducive, may even be hostile to data collection
Conclusion

• Human trafficking is both an individual health as well as a public health issue
• Human trafficking is a complex health issue
  – Health problems are compounded
  – Social and legal issues can be complicated
Conclusion

• Health professionals and organizations, above direct patient care, need to be involved in prevention, research, monitoring, developing treatment guidelines and evaluation

• Health care professionals need to understand the principles and application of trauma-informed care

• Need funding, organizational support and political will to make global difference
“The healthcare community must become more engaged in increasing the recognition of trafficked women and girls in healthcare settings, in provision of appropriate services, and in helping shape public policy to address what is one of the most disturbing health issues of our time.”

– Chris Beyrer¹¹
References


References


Post Test –

Your success in gaining knowledge through this module is important to us. To measure what you have learned, click on the following link and take a brief self evaluation:

https://www.surveymonkey.com/s/HM5Y3WT

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).